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Another Pill That Could Cause a Revolution

By **NICHOLAS D. KRISTOF**

Could the decades-long global impasse over abortion worldwide be overcome — by little white pills costing less than \$1 each?

That seems possible, for these pills are beginning to revolutionize abortion around the world, especially in poor countries. One result may be tens of thousands of women’s lives saved each year.

Five-sixths of abortions take place in developing countries, where poor sterilization and training often make the procedure dangerous. **Up to 70,000** women die a year from complications of abortions, according to the World Health Organization.

But researchers are finding an alternative that is safe, cheap and very difficult for governments to restrict — misoprostol, a medication originally intended to prevent stomach ulcers.

“I feel like people must have felt when they discovered the nuclear bomb,” says Dr. Beverly Winikoff, president of [Gynuity Health Projects](#), a nonprofit research institution on reproductive health. “This technology is world-shaking.”

This pharmaceutical approach is called “medical abortion.” In the United States and Europe it typically consists of two sets of “M” pills. The first is mifepristone, formerly known as RU-486, and then a day or two later the misoprostol.

Using the drugs in combination produces a miscarriage more than 95 percent of the time in early pregnancy. But mifepristone is difficult to obtain in much of the world, because it is used only to induce abortions. In contrast, misoprostol is very widely available and can’t easily be banned because it is also used for ulcers and can save lives of women with postpartum hemorrhages. Whatever one thinks of misoprostol for abortions, it also is a potential lifesaver for women who hemorrhage after childbirth.

Researchers are finding that if women take misoprostol alone, effectiveness drops to 80 to 85

percent. That may sound low, but it’s typically far better and safer than alternatives that women turn to, Dr. Winikoff noted.

“Medical abortion represents a revolution in women’s reproductive health,” said Dana Hovig, the chief executive of [Marie Stopes International](#), an aid group that provides women’s reproductive health services in 43 countries around the world. “It saves women’s lives and has enormous potential to increase access to safe abortion at minimal cost.”

Medical abortion causes a miscarriage that is indistinguishable from a natural one. That’s important for women in countries where they risk arrest if they seek help in a hospital after a botched abortion. The risks to a woman seem no greater than with a natural miscarriage, and there’s no known harm to a woman who turns out not to have been pregnant after all. One serious downside is that misoprostol is suspected of causing birth defects, perhaps 1 percent of the time, but only if it fails and the pregnancy continues to term.

In the United States, only about [one abortion in eight](#) is done with pills. Partly that’s because by law, mifepristone must be taken in a clinic. But worldwide, the number of medical abortions is surging, accounting for nearly [70 percent of all abortions in Scotland](#), according to Marie Stopes International.

It’s not clear how late in pregnancy medical abortion is feasible. “It sounds like a simple question, but it’s not,” Dr. Winikoff said. In some form and strength, medical abortion seems to work “from Day 1 to the end of pregnancy,” she said — but the effectiveness and safety of later-stage abortions still need to be worked out.

In the United States, the pills can be taken up to nine weeks’ gestation. In Britain, inpatient use of the pills is permitted up to 24 weeks.

What do these pills mean for the political battles over abortion? To firm opponents of abortion, the means of ending a pregnancy doesn’t matter. But my hunch is that, for those in the middle, taking pills at home may seem a more natural process than a surgical abortion, and the result may be a tad more acceptance.

In any case, it would be tough to carry out a ban on medical abortion. Indian companies are producing mifepristone and misoprostol in a big way, and blister packs with the combination of drugs can be purchased for less than \$5 — and then shipped anywhere.

In addition, misoprostol on its own can be found all over the world, from Internet sites to over-the-counter pharmacies in Delhi. In India, misoprostol costs just pennies per pill.

Misoprostol is likely to become even more widely available, because last year the World Health

Organization expanded its uses as an “essential medicine” to include treatment of miscarriages and incomplete abortions.

Brazil and some other countries have tried to tighten access to misoprostol because of its use for abortion. But curbing access to misoprostol would mean that more women would die of hemorrhages.

As word spreads among women worldwide about what a few pills can do, it’s hard to see how politicians can stop this gynecological revolution.

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